

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011034

**FILED  
Apr 04, 2011  
Secretary of State**

**Entity Name:** JOHN A. FARNELLA, JR. M.D. LLC

**Current Principal Place of Business:**

235 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

235 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 13-2441809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PA MANAGEMENT LLC  
235 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FARNELLA, JOHN A M.D.  
Address: 235 NORTH WESTMONTE DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENNIS J. BUHRING      MGRM      04/04/2011

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date